Case 1:07-cv-06995 Document 15-4 Filed 06/03/2008 Page 1 of 3 JUDGE MORAN MAGISTRATE JUDGE NOLAN

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s form only it the Insured is the Policy. St at use this form for a Joint Life Policy. St se Print or Type Information.	TOWNSTAND VINES AND VOICE, S	J		Customer Service Commit
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If you wish to designate more than 4 Re	vocable Beneficlaries, contac	t the MetLife Beneficia	ry & Ownersh	ip Unit for a form which can be used t
accommodate this request.	OH		2/2011	
Initial form here <u>and</u> sign on last page	Insured's Init	isle	3/29/0	
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Policy Number(s) 906 330 155 762 Insured P8994 GOODMAN
Check box only if the current spouse of the insured is named as beneficiary in Section A (above) and all children (present and future) born of the marriage of the insured and said spouse are to be included as contingent beneficiaries. If so, the names, addresses and dates of birth of all existing children are to be listed in Section B (above). Any child not born of the marriage of the insured and said spouse, who is to be included as contingent beneficiary, must be named in Section B.
Lawre that any decision Mail lie makes in determining unnamed continuent beneficiaries based upon written evidence acceptable to Methlie, will be final
If multiple Beneficiaries or Contingent Beneficiaries are named above, payment will be made in equal shares of all to the survivor, unless unto what specified. If box C (above) is checked, the shares of all contingent beneficiaries shall be equal. The share of any Beneficiary or Contingent Beneficiary specified. If box C (above) is checked, the shares of all contingent beneficiaries in proportion to their interest, with all to the survivor. If there is no survivor, who shall predecease me will be divided among the surviving beneficiaries in proportion to their interest, with all to the survivor. If there is no survivor, who shall be made to my estate.
Any payment by MetLife in good faith pursuant to the foregoing designation shall fully discharge MetLife of its liability under the policy.
I understand that this change shall be binding on MetLife only after it has been recorded and filed in the MetLife Home Onice of Customer Service Genner
I understand that some policies may provide that a change of beneficiary must be endorsed upon the policy. In completing this form, I consent and request that MetLife may in its discretion waive any such provision requiring endorsement for this and any future change. I consent and request that the policy does not contain a beneficiary provision, that MetLife may pay any amount payable upon my death in accordance with this direction.
By signing below, I certify that I have read the information on both pages of this form and that I am in agreement with It.
MelLife means the Metropolitan Life Insurance Company or any of its affiliates.
Di Care O Eggy 800 om an 3/29/06
Witness: Signature of powered Date /
Print Name
To be completed by the insured Description Country Country
Other Country of Citizenship

Submitting Sales Office/Number/Agency

Home Phone (702) 699 - 9484 Business Phone & Ext. ()

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